



AUTHORIZATION TO RELEASE INFORMATION

(General Form)

<i>Date:</i>	<i>Department:</i>
<i>Customer Name:</i>	
<i>Address:</i>	
<i>Mailing Address (if different from Address):</i>	
<i>Phone Number:</i>	
<i>Alternative Phone Number:</i>	

I am aware of the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize the City of Brazil Utilities to release information regarding my account to:

<i>Name:</i>
<i>Address:</i>
<i>Phone Number:</i>
<i>Social Security Number or Driver's License Number:</i>

Signed: _____ Date _____

For Office Use Only

<i>Date Received:</i>
<i>City Personnel Signature:</i>
<i>Information Requested to Release:</i>